| <u>₹</u> | Yes | pendent child | lities of a spouse or dependent child Committee on Ethics. | _ =. | arned" income ss you have fi | er assets, "une wer "yes" unle | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the | EXI beca |
|-----------------------|--|--|--|---|------------------------------------|-----------------------------------|--|---------------|
| <u>₹</u> | Yes 🔲 | ot be | cepted trusts" need no | cs and certain other "exc spouse, or a depender | nittee on Ethic iting you, your | d by the Comr า a trust benefi | TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? | TRL |
| <u>o</u> | QUESTION |)F THESE (| SWER EACH OF THESE QUESTIONS | - AN | T INFOR | OR TRUS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | EXC |
| | esponse. | each "Yes" r | ule attached for e | appropriate schedu | d and the a | e answered | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response | |
| S ⊠ | Yes 🔲 | \$5,000 from | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. | VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI. | No ⊠ | Yes 🔲 | III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. | able |
| ₹ X | Yes | rangement | portable agreement or arrangement | V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V. | S N | Yes X | II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. | incor repo |
| 8 | Yes | efore the date or two years? | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | Did you hold any reportable positions of filing in the current calendar year or in the if yes, complete and attach Schedule IV. | S S | Yes | I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | i Di |
| | | | | SE QUESTIONS | EACH OF THESE | | In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER | PRE |
| assessed who files | | A <i>\$200 penalty</i> shall be against any individual more than 30 days late. | Check if Amendment | June 3 2014 | Date of Election: | Office: | Filer Candidate for the State: | · ν – |
| | (Office Use Only) | | | | | | | |
| MIVE | U.S. HOUSE OF REPRESENTATIVES | U.S. HOUSE | | Daytime Telephone: | Daytime | | Name: Rodney Blum | Na |
| age 1 of 7 | LEGISLATIVE RESOURCE CENTE: 2013 JUN -3 AM 11: 54 | POSTINIAI | I B and new employees | FORM For use by candidates a | | TIVES | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - May 1, 20 | Per |
| BE | 57 = 1 = 50 | | i | | | | | |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

| lame |
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| Rodney |
| Blum |

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

| Exclude, Milliary bay (such as Mathorial Cuard of Freserve bay), receign emerican programs, and | menters programs, and benefits | Amount | unt |
|---|--------------------------------|------------------------|----------------|
| Source (include date of receipt for nonoraria) | Туре | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| First Bank & Trust, Houston, TX | Director's Fee | \$400 | \$3,200 |
| | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NΑ | NA |
| American Trust: Savings Bank | Divectors Fee | 10 808 | 13850 |
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

ame Rodney Blum

Page 3 of 2

| | , | , | | , | | _ | | | | | | | | | | | |
|------------------------|-----------------|--------------------|-----------------|----------------|---------------------|-------------------------------------|--------------------------------|----------------------|---|---|---|--|--|--|--|----------------------------|---------|
| Care fusion Corp Stock | Cardinal Health | Beshstive Hathaway | Bank of Monteal | BBT Cop. Stock | American Trust Bank | JT 1st Bank of Paducah, KY accounts | DC, Examples: Simon & Schuster | SP, Mega Corp. Stock | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouss (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet. | Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state. | For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | Provide complete names of stocks and mutual funds (do not use ticker symbols). | identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. | Asset and/or Income Source | BLOCK A |
| X | * | * | У. | * | * | × | Indefinite | X | None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 \$25,000,000 - \$50,000,00 | 0 | A B C D E F G H I J K L M | This column is for assets solely held by your spouse or dependent child. | it generated income, the value should be "None." | If an asset was sold during the report- ing year and is included only because | Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. | Value of Asset | BLOCK B |
| X | × | * | ~ | | × | × | Royatties | X | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUS TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Inc | ST | | during the reporting period. | interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income | plans or IRAs), you may check the "Tax-Deferred" column. Dividends , | Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k)) | Type of Income | BLOCK C |
| X | * | × × | * | > | * | × | × | × | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over | \$1,000,000* | Current Year | | * This column is for income derived from assets solely held by your spouse or dependent child. | income. Check "None" if no income was earned or generated. | For assets for which you ch check the "None" column. F income by checking the ap and capital gains, even | Amount of Income | ВГОСК В |
| | × | | × | X | * | × | × | X | \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over | | Preceding Year | : | om assets solely held by your | | ecked "Tax-Deferred" in Block C, you may or all other assets, indicate the category of propriate box below. Dividends, interest, if reinvested, must be disclosed as | come | |

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

| SCI Conti | SCHEDULE II — ASSETS AN Continuation Sheet (if needed) | ASSETS AND "UNEARNED" INCOME | | Name Rodney Blum | Page 4 of 2 |
|--------------|--|---|---|--|--|
| | BLOCK A | вгоск в | вгоск с | BLOCK D | |
| | Asset and/or income Source | Value of Asset | Type of Income | Amount of Income | ক |
| SP, | | A B C D E F G H - J K L 00° M | ify: e.g., | Current Year | Preceding Year |
| Ę | | 00 000 0,000 | UST (Specif | | X XI IIIA IIA IA A |
| R | | 50,000 100,000 \$250,000 \$500,000 \$1,000,000 - \$5,000,0 - \$25,000,0 - \$50,000 | NINS BLIND TR RED of Income | 000 000 000 00,000 00,000 ,000,000 \$5,000,000 00 e over \$1,000,0 | 000 000 0,000 00,000 |
| | | None \$1 - \$1,000 \$1,001 - \$15 \$15,001 - \$150,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$1000,001 - \$1000,001 - \$25,000,0 | NONE DIVIDENDS RENT INTEREST CAPITAL GA EXCEPTED TAX-DEFER Other Type Partnership | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15, \$15,001 - \$16 \$100,001 - \$1 \$1,000,001 - Over \$5,000,0 Spouse/DC Incom None \$1 - \$200 \$201 - \$1,000 | \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15, \$15,001 - \$56 \$50,001 - \$10 \$100,001 - \$ \$1,000,001 - |
| | Deluxe Corp Stock | | * | * | × ~ |
| Ī | General Electric | * | * | | × |
| | Heartland Financial | * | * | X | X |
| | Key Corp Stack | * | X | У , | |
| | Office Apot Stad | X | X | X | |
| | PVH Corp Stock | 7 | X | X | |
| | Suntust Bank Stock | X | X | * | |
| | Mells Forgo Stack | X | X | X | × |
| | Ashis International | × | X. | , Д | X |
| | Bridgerian Michael Fund | × | * | × | * |
| | ETrade Investment | X | × | >.*. | |
| | TRA's | | , | X | |
| | American Trust Debentus | × | × | X | × |
| | Antrust Acet American Trust | × | × | × | × |

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

ΪX

Spouse/DC Income over \$1,000,000*

| Contin | Continuation Sheet (if needed) | | | Min Moured William | - Se |
|----------------|--------------------------------|--|---|---|---|
| | BLOCK A | BLOCK B | BLOCK C | BLOCK D | |
| | Asset and/or Income Source | Value of Asset | Type of Income | Amount of Income | |
| <u>2</u> 9, | | A B C D E F G H J K L M | fy: e.g., | Current Year | Preceding Year |
| JT, | | 00 000 | JST -(Specil | | V V VI IIIVIIIV X XI |
| DC C | | 00 ,000 ,000 ,000 ,000,000 ,000,000 ,000,00 | ID TRU | 0000 | 000 |
| | | \$15,000 - \$50,00 - \$100,0 - \$250, - \$500, - \$1,00 01 - \$5,0 01 - \$25 001 - \$5 | IDS ST . GAINS ED/BLIN | ,000 \$2,500 \$5,000 \$15,000 \$50,000 \$100,000 \$1,000,000 ncome over \$ | \$15,000 - \$50,000 - \$100,000 - \$1,000,0 1 - \$5,000 |
| | | None \$1 \$1,00 \$1,001 \$50,001 \$100,001 \$250,001 \$500,001 \$5,000,00 \$5,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00 | NONE DIVIDENI RENT INTERES CAPITAL EXCEPTI TAX-DEF Other Ty | None \$1 - \$200 \$201 - \$1, \$1,001 - \$ \$2,501 - \$ \$5,001 - \$ \$15,001 - \$ \$100,001 - \$ \$1,000,001 - \$ \$1 | \$2,501 - \$ \$5,001 - \$ \$15,001 - \$50,001 - \$100,001 - \$1,000,001 Over \$5,00 |
| | Salto de Fede 142% | | 14 PM | × | × |
| | Doppio Gai LLC. | X | The The | X | X |
| | Bedroin CLC 42% | X | カル | N | |
| | Distal Cond Corp | × | 77.8 | > | × |
| | lean to Jack | × | × | × | × |
| | toan to pu uc | * | × | × × | |
| | Ochland Farms | * | The same | X | * |
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SCHEDULE III — LIABILITIES

Name Rodney Blum

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ling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

| | | | | | | | | Amou | Int of | Amount of Liability | ₹ | | | |
|-----------|---------------------------------------|---------------------|--|----------------------|-----------------------|------------------------|-------------------------|---------------------------------------|-----------------------------|-----------------------------|--|----------------------|---------------------------|-------------------------------|
| SP, | ; | Date Liability | | ٨ | В | ဂ | ٥ | m | П | ດ | Ī. | _ | د | * |
| DC, JT | Creditor | Incurred mo/year | Type of Liability | \$10,001 \$15,000 | \$15,001— \$50,000 | \$50,001— \$100,000 | \$100,001— \$250,000 | \$250,001— \$500,000 \$500,001— | \$1,000,001— \$1,000,000 | \$5,000,000 \$5,000,001— | \$25,000,001— \$25,000,000 \$25,000,001— | \$50,000,000 Over | \$50,000,000 Spouse/DC | Liability over \$1.000.000 |
| | Example: First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main Street, Dover, DE | | | | Н | | | | | | | |
| | NONE | | 3NON | | | | | | | | : | | | |
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

| Bedroch Development | Partner |
|---------------------------|---|
| Doppio Pui | Partner |
| Salto de Lede | Partner |
| Digital Canal Corporation | C.E.O. |
| Name of Organization | Position |
| iature. | and positions solely of an nonorary nature. |

SCHEDULE V — AGREEMENTS

Medney Blum

Page 7 of 7

| Identify the date service; continuefft plan mainta | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; efft plan maintained by a former employer. | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. |
|--|--|---|
| Date | Parties To | Terms of Agreement |
| | NONE | Nane |
| _ | | |
| | | |
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SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship

| recognized by law. De not repeat intomunon never on senerare t. | |
|---|-----------------------------|
| Source (Name and Address) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
| 3NON | NONE |
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